FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction		•								
		(See instruction	ons)					Office	use only			
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)		nple: If typyin the lines	g, type	12FE	4M5					
REPUBLICAN	NATIONAL COM	MITTEE					ш				ш	
			111	<u> </u>		1 1					ш	
ADDRESS (number and	d street)	FIRST STREET	SE 		ш		ш					
(Check if add	dress				шш		ш	ш			ш	
is changed)	WAS	HINGTON	111	шш	ш	DC	j		20003	J-L		
COMMITTEE'S E-MA	All ADDDESS		CITY			STATE	_		ZIP (	CODE	•	
RNC2008@re												ı
					Ш		Щ	Ш			ш	ш.
				шш			Щ	Щ			ш	
COMMITTEE'S WEE	B PAGE ADDRESS (U	IRL)										
www.gop.co	m 		111				ш	ш			ш	
			111			1 1					ш	
2. DATE 0	M / D D / Y	2008										
3. FEC IDENTIFIC	ATION NUMBER		C C00	003418								
4. IS THIS STATE	MENT NEV	V (N) OR	X	AMEND	PED (A)							
I certify that I have exar	nined this Statement and	I to the best of my kno	owledge an	d belief it is tru	e, correct an	nd comple	te					
Type or Print Name of	f Treasurer	Jay C Banning										
Signature of Treasure	er Electronically File	ed by Jay C Bar	nning			Date	<b>0</b> 4	M /	18	/ Y	Ý 0	8 0
NOTE: Submission of	alse, erroneous, or incor	nplete information ma	-		_				2 U.S.C.	S437g.		
Office Use Only				For further in Federal Elect Toll Free 800 Local 202-69	ion Commiss -424-9530			F	FEC F	_		

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5.	TYPE OF CO	MMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
	Name of Candidate		
	Candidate Party Affiliatio	n Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(d) X		Democratic, Republican,etc.) Party.
	(e)	This committee is a separate segregated fund	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party
6.		Connected Organization or Affiliated Committee	
L			
	Mailing Addre	ss 228 S. Washington Street	
		Suite 115	
		Alexandria	22314   _   _
		CITY▲ STATE ▲	ZIP CODE
	Relationship	Joint Fundraisng Rep	
	Type of Conn	ected Organization:	
	Corpo	oration Corporation w/o Capital Stock Labor Organiz	ation
	Mem	bership Organization Trade Association Cooperative	

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W	rite or Type Committee Name			
	REPUBLICAN NATIONA	AL COMMITTEE		
7.	Custodian of Records: Ide possession of Committee	entify by name, address, (phone number books and records.	er optional), and position o	f the person in
	Full Name Jay C I	Banning		
	Mailing Address	310 First Street SE		
		Washington	DC	20003
	Title or Position ▼	CITY A	STATE	ZIP CODE A
	Assistant	Treasurer	Telephone number	
8.	Treasurer: List the name name and address of any	and address (phone number optional designated agent (e.g., assistant treas	al) of the treasurer of the com surer).	mittee; and the
	Full Name of Treasurer  Tim Mo	organ		
	Tim Ma	organ 310 First Street SE		
	of Treasurer Tim Mo			20003
	of Treasurer Tim Mo	310 First Street SE	DC STATE	20003
	of Treasurer  Mailing Address	310 First Street SE  Washington  CITY A		
	of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated	310 First Street SE  Washington  CITY A	STATE <b>▲</b>	ZIP CODE A
	of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated	310 First Street SE  Washington  CITY A	STATE <b>▲</b>	ZIP CODE A
	of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent  Jay C I	Washington CITY A	STATE <b>▲</b>	ZIP CODE A
	of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated Agent  Jay C I	Washington  CITY A  Banning  310 First Street SE	STATE A  Telephone number	ZIP CODE <b>A</b>

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9.	Banks or Other I safety deposit box			or other d	epositori	es in whic	ch the commit	ee deposits funds, hold	ds accounts, rents
	Name of Bank, De	epository, etc.							
		Wacho	via National Ba	nk			<u> </u>		
	Mailing Address		1970 CHAIN	BRIDG	E ROAI	<b>)</b>			
			McLean					VA	22102
				C	TY 🛕			STATE 4	ZIP CODE 🛕
	Name of Bank, De	epository, etc.							
	Mailing Address								
					1 1		1 1 1 1		
									-

CITY 🔼

ZIP CODE 🛕

STATE **△** 

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safety deposit boxes or mai Name of Bank, Depository,		[ ADDITIONAL ]
Mailing Address		
	CITY A STAT	TE▲ ZIP CODE ▲
Name of Any Connected	d Organization or Affiliated Committee	ſ ADDITIONAL 1
	d Organization or Affiliated Committee	[ ADDITIONAL ]
	d Organization or Affiliated Committee	[ ADDITIONAL ]
		[ ADDITIONAL ]
	d Organization or Affiliated Committee	[ ADDITIONAL ]
McCain Victory 2008		[ ADDITIONAL ]
McCain Victory 2008	228 S. Washington Street Suite 115	[ ADDITIONAL ]
McCain Victory 2008	228 S. Washington Street Suite 115 Alexandria	
McCain Victory 2008  Mailing Address	228 S, Washington Street  Suite 115  Alexandria  CITY  STA	A
McCain Victory 2008  Mailing Address	228 S. Washington Street Suite 115 Alexandria	A 22314
McCain Victory 2008  Mailing Address  Relationship	228 S, Washington Street  Suite 115  Alexandria  CITY STA	A 22314
McCain Victory 2008  Mailing Address	228 S, Washington Street  Suite 115  Alexandria  CITY STA	A

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Designated Agent			[ ADDITIONAL ]
Full Name			
Title or Position <b>▼</b>	CITY A		
	Tele	ephone number	

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Banks or Other Deposi safety deposit boxes or n	maintains funds.	
Name of Bank, Depositor	rry, etc.	[ ADDITIONAL ]
Mailing Address		
	CITY 🛕	STATE ▲ ZIP CODE ▲
Name of Any Connect	ted Organization or Affiliated Committee	[ ADDITIONAL ]
McCain Victory Cali	ifornia	
Mailing Address	228 S. Washington Street	
Mailing Address	Suite 115	
Mailing Address	Suite 115	
Mailing Address	Suite 115 Alexandria	VA 22314 _
Mailing Address	Suite 115	
	Suite 115 Alexandria	VA 22314
. 1	Suite 115  Alexandria  CITY  oint Fundraisng Rep	VA 22314
Relationship Jo	Suite 115  Alexandria  CITY  oint Fundraisng Rep	VA 22314
Relationship Jo	Suite 115  Alexandria  CITY  oint Fundraisng Rep  anization:  Corporation w/o Capital Stock	STATE A ZIP CODE A

Designated Agent			[ ADDITIONAL ]
Full Name			
Title or Position <b>▼</b>	CITY A		
	Tele	ephone number	

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nization or Affiliate	CITY A	STATE 4	ZIP CODE A
nization or Affiliate	CITY A	STATE 4	ZIP CODE A
nization or Affiliate	CITY 🛦	STATE 4	ZIP CODE A
nization or Affiliate	CITY 🗖	STATE 4	ZIP CODE A
nization or Affiliate	CITY 🛕	STATE <b>△</b>	ZIP CODE A
nization or Affiliate			
	d Committee	[ 4	ADDITIONAL ]
228 S. Washing	gton Street		
Suite 115			
Alexandria		VA     .	22314   _
	CITY	STATE A	ZIP CODE 🛕
ndraisng Rep			
:			
П	Corporation w/o Capital Stock	Labor Orga	anization
1	Suite 115 Alexandria	Alexandria CITY d	Suite 115  Alexandria  CITY STATE A  draising Rep

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Designated Agent		[ ADDITIONAL ]	
Full Name			Ш
Walling Address			
Title or Position ▼	CITY A	STATE▲ ZIP CODE ▲	
	Tel	elephone number = =	

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Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	aintains funds.	mmittee deposits funds, holds accounts, rents
Mailing Address	CITY A	STATE   ZIP CODE   A
Name of Any Connecte	ed Organization or Affiliated Committee	[ ADDITIONAL ]
McCain Victory Ohio	•	
Mailing Address	228 South Washington Street	
, and the second	Suite 115	
	Alexandria	,     VA     22314
	CITY▲	STATE ♣ ZIP CODE ▲
Relationship Jo	int Fundraisng Rep	
Type of Connected Orga	inization:	
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Or	rganization Trade Association	Cooperative

Designated Agent		[ ADDITIONAL ]
Full Name		
Title or Position ▼	CITY &	
		elephone number